

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF INDIANA

FILED  
U.S. DISTRICT COURT  
SOUTHERN DISTRICT OF INDIANA

2012 MAR 15 PM 12:11

SOUTHERN DISTRICT  
OF INDIANA  
LAURA A. BRIGGS  
CLERK

Clarence R Hunt )

Plaintiff, )

vs. )

Cause No. )

American Signature Inc )

Defendant. )

**1:12-cv-0335 SEB-DML**

**EMPLOYMENT DISCRIMINATION COMPLAINT**

Plaintiff brings a complaint against defendant American Signature for inc.  
discrimination as set forth below.

Plaintiff ☒ DOES ☐ DOES NOT (indicate which) demand a jury trial.

**I. PARTIES**

Plaintiff's Name, Address, and

Phone Number:

Clarence R Hunt  
8389 Chapel Pines Dr.  
Indianapolis IN 46234  
317-353-4855

Defendant's Name and Address:

American Signature INC  
4360 E. 5<sup>TH</sup> Ave.  
Columbus OH 43219

**II. JURISDICTION**

1. This complaint is brought pursuant to:

\_\_\_\_\_ Title VII of the Civil Rights Act of 1964, as amended, and jurisdiction is based  
on 42 U.S.C. §2000e-5 and 28 U.S.C. §1331;

\_\_\_\_\_ The Age Discrimination in Employment Act (29 U.S.C. § 621), and  
jurisdiction is based on 28 U.S.C. § 1331;

/   The Americans with Disabilities Act (42 U.S.C. § 12101), and jurisdiction is based on 28 U.S.C. § 1331;

       The Rehabilitation Act (29 U.S.C. § 701, *et seq.*), and jurisdiction is based on 28 U.S.C. § 1331;

       Equal rights under law (42 U.S.C. § 1981), and jurisdiction is based on 28 U.S.C. § 1331;

  /   Other (list): FMLA

2. Plaintiff   /   DID        DID NOT (indicate which) timely file a charge of discrimination with the Equal Employment Opportunity Commission or the Indiana Civil Rights Commission. [Attach a copy of charge to this complaint].

3. Plaintiff's Right to Sue Notice from the Equal Employment Opportunity Commission or the Indiana Civil Rights Commission was received on or about Dec 18th (insert date). [Attach a copy of Notice of Right to Sue to this complaint].

### III. STATEMENT OF LEGAL CLAIM

Plaintiff is entitled to relief in this action because:

Defendent Violated FMLA & ADA by not  
Allowing me to Return to work w/ Light Restrictions.  
Also No Accomodating Doctors Restrictions

### IV. FACTS IN SUPPORT OF COMPLAINT

See Attached.

### V. PRAYER FOR RELIEF

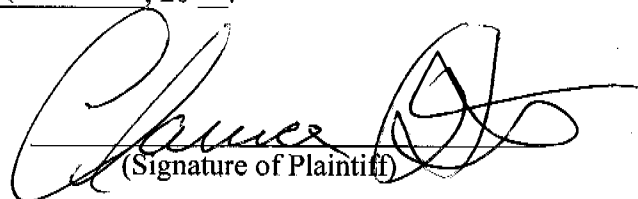
Based on the foregoing, plaintiff seeks the following relief:

monetary damages, Health Insurance,  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Use additional sheets if necessary.)

### VI. SIGNATURE

Signed this 15 day of March, 20 11

  
(Signature of Plaintiff)